

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West "F" Street, San Diego, California 92101-6991

ATTORNEY CHANGE OF INFORMATION FORM

To the Clerk of the United States Bankruptcy Court,

The undersigned attorney represents to the Court the following change of information:

- | | |
|--|---|
| <input type="checkbox"/> new mailing address | <input type="checkbox"/> new street address |
| <input type="checkbox"/> change in firm association ¹ | <input type="checkbox"/> new telephone number |
| | <input type="checkbox"/> new e-mail address |

Updated Information

Name of Attorney : _____

State Bar ID No. : _____

Firm Name: _____

Street Address : _____

Mailing Address : _____

City : _____

State : _____ ZIP CODE: _____

Phone No. : _____

E-Mail Address : _____

Dated: _____

(Signature of Attorney)

¹Substitution of Attorney required - see District Court Local Rule 83.5(j).